|  | BEST   | AVAILAD                         | 1 5                   |                             |                      |                  |           | ì               |                              |           |                     |                        |  |
|--|--|---------------------------------|-----------------------|-----------------------------|----------------------|------------------|-----------|-----------------|------------------------------|-----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO          |  |                                 |                       |                             |                      |                  | ORD       |                 | Application or Docket Number |           |                     |                        |  |
| CLAIMS AS FILED - PART I                           |  |                                 |                       |                             |                      |                  |           | 09/736374       |                              |           |                     |                        |  |
|  |  | CLAIIVIS A                      | (Column 1) (Column 2) |                             |                      |                  | SI        | MALL            | ENTITY                       |           | OTHE                | R THAN                 |  |
| TOTAL CLAIMS                                       |  |                                 |                       |                             | - Commercial desired | um 2)            | _         | PATE            |                              | OR        | SMALI               | ENTITY                 |  |
| FOR  |  |                                 | NUMBE                 | NUMBER FILED                |                      | JMBER EXTRA      |           | RATE<br>ASIC FE | FEE                          | -         | RATE                | FEE                    |  |
| TOTAL CHARGEABLE CLAIMS                            |  |                                 | 1/5 m                 | /                           |                      | 1                | ŀ ├       |                 | E 355.00                     | OR        | BASIC FE            | E 710.00               |  |
| INDEPENDENT CLAIMS                                 |  |                                 | 7 minus 3 = *         |                             | *                    | 0                | X\$ 9     |                 | <del> </del>                 | OR        | X\$18=              |                        |  |
| М  | JLTIPLE DEPE   | NDENT CLAIM F                   |                       |                             |                      |                  |           | X40=            |                              | OR        | X80≃                | :                      |  |
| * If the difference in calculations                |  |                                 |                       |                             |                      |                  | +135=     | İ               | OR                           | +270=     |                     |                        |  |
| * If the difference in column 1 is less than zero, |  |                                 |                       |                             |                      | column 2         | 7         | OTAL            | <u> </u>                     | OR        | TOTAL               | 710.00                 |  |
| CLAIMS AS AMENDED - PART II                        |  |                                 |                       |                             |                      |                  |           |                 |                              | -         |                     | THAN                   |  |
| A  |  | (Column 1)<br>CLAIMS            |                       | (Colun                      |                      | (Column 3)       | mn 3) SMA |                 | ENTITY                       | OR        |                     | ENTITY                 |  |
| AMENDMENT A  | 3374   | REMAINING<br>AFTER<br>AMENDMENT | 100 mg                | PREVIO<br>PAID F            | USLY                 | PRESENT<br>EXTRA | F         | RATE            | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                               | Minus                 | **                          |                      | =                | >         | <b>(\$ 9=</b>   |                              | OR        | X\$18=              |                        |  |
|  | Independent  | <br>Entation of M               | Minus                 | ***                         |                      | =                |           | <del></del>     |                              | OR        | X80=                | ļ                      |  |
|  | , The state of the | ENTATION OF W                   | OLTIPLE DE            | PENDENT                     | CLAIM                |                  |           | 105             | <b></b> _                    | 1 1       |                     |                        |  |
|  |  |                                 |                       |                             |                      |                  |           | 135=<br>TOTAL   |                              | OR        | +270=               |                        |  |
|  |  | (Column 1)                      |                       | (Colum                      | an O\                | (O-l             | ADE       | IT. FEE         |                              | OR        | TOTAL<br>ADDIT. FEE |                        |  |
| AMENDMENT B  | 49.4   | CLAIMS<br>REMAINING             |                       | HIGHE                       | ST                   | (Column 3)       | _         |                 | ADDI                         | 1 .       |                     |                        |  |
|  |  | AFTER<br>AMENDMENT              |                       | PREVIO<br>PAID F            | USLY                 | PRESENT<br>EXTRA | F         | RATE            | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                               | Minus                 | **                          |                      | = '              | X         | \$ 9=           |                              | OR        | X\$18=              |                        |  |
|  | Independent  | *<br>NTATION OF MU              | Minus                 | ***                         |                      | =                | X         | 40=             |                              | l         | X80=                |                        |  |
|  | THOTTHEOL  | INTATION OF MIC                 | JETIPLE DEI           | PENDENT                     | CLAIM                |                  |           |                 |                              | OR        |                     |                        |  |
|  |  |                                 |                       |                             |                      |                  |           | 135≂<br>TOTAL   |                              | OR        | +270=               |                        |  |
|  |  | (Column 1)                      |                       | (0.1                        |                      |                  |           | IT. FEE         |                              | OR ,      | TOTAL<br>ADDIT. FEE |                        |  |
| ပ  | 100  | CLAIMS                          | 1-10-1                | (Colum<br>HIGHE             | ST                   | (Column 3)       |           |                 |                              | -         |                     |                        |  |
| NDMENT   | green gebieden.<br>Gestre regist   | REMAINING<br>AFTER<br>AMENDMENT |                       | NUMBI<br>PREVIOL<br>PAID FO | JSLY                 | PRESENT<br>EXTRA | R         | ATE             | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total Independent  |                                 | Minus                 | **                          |                      | =                | X         | 9=              |                              | OR        | X\$18=              | <u> </u>               |  |
| \<br>\<br>\  |  | *<br>NTATION OF MI              | Minus                 | ***                         | 21.414.1             | =                | X4        | 40=             |                              | <u></u> } | X80=                |                        |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.